

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024466

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3281

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY **Jackson**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Kansas City**Length of stay in 1b
80 Yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **St Mary's Hospital**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**c. CITY
OR
TOWN **Kansas City**Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS **1013 Fuller**Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
ALBERTMiddle
HENRYLast
McGINLEY4. DATE
OF
DEATHMonth
JuneDay
9Year
19635. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
6/2/18759. AGE (last birthday)
88IF UNDER 1 YEAR
Months Days
IF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired Clerk10b. KIND OF BUSINESS OR INDUSTRY
Circuit Court11. BIRTHPLACE (City and state or country)
Boston Mass.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Henry McGinley

13b. MOTHER'S MAIDEN NAME

Unk.

14. NAME OF HUSBAND OR WIFE

Luella Pearl15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Niles McCormick 5720 E 39th St18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Myocardial infarction
Coronary occlusion**INTERVAL BETWEEN
ONSET AND DEATH**1 day?**

DUE TO (b)

Coronary occlusion**3-4 days**

DUE TO (c)

Arteriosclerosis**?**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)**Cholelithiasis**PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Jan '60** to **June 9, '63** and last saw her alive on **June 8 '63**
Death occurred at **2 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name title)

James J. Lally M.D.

22b. ADDRESS

201 Rialto Bldg. K.C. Mo

22c. DATE SIGNED

6/10/6323a. BURIAL, CREMATION,
REMOVAL (Specify)**Burial**

23b. DATE

6/11/63

23c. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cemetery

23d. LOCATION (City, town, or county)

Kansas City Missouri

24. FUNERAL DIRECTOR

ADDRESS

Shell Funeral Home Kansas City Mo

25. DATE RECD. BY LOCAL REG.

6-10-63

26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
James J. Lally

BY AFFIDAVIT OF

VS 300
Rev. 4/59

DATE AMENDED

ITEM NO.

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas A. Smith

Licensed Embalmer No.

4954

P. O. Address

K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.